



Questionnaire of the European Society for
Photodynamic Therapy in Dermatology
about photodynamic therapy and fluorescence
diagnosis in dermatology

Name of the clinic/department, street, town, Zip code, country if applicable:

Photodynamic therapy is a standard procedure at our department.

yes no

We are presently carrying out or have carried studies in the field of photodynamic therapy at our department

yes no

We do or did perform research in the field of PDT

yes no

If PDT has not been standard procedure at your department up to now, are there any plans for this therapy to be implemented in the future or is a future implementation at least imaginable?

yes no

Name of corresponding person regarding PDT at your department:

Name:

E-mail:

Address (if different from above)

Suggestions, comments:

I agree to the publication of the above data on the EURO-PDT website.

yes no

Stamp

Date

Signature

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